GENERAL INFORMED CONSENT

DATE OF CONSENT_____

NAME OF PATIENT: _____
(Name and two surnames or identification tag)
DATE OF BIRTH_____NID:_____

NAME OF PHYSICIAN: _____ NID:_____
(Use legible handwriting or a STAMP)

TYPE OF PROCEDURE, CURGICAL INTERVENTION OR TREATMENT
_____
(Do not use abbreviations)

DIAGNOSTIC HYPOTHESIS _____
(Do not use abbreviations)

I.-INFORMED CONSENT FORM FOR:

_____

_____

This informed consent form is a legal document in which you, or your legal representative, give your consent for a medical intervention. That means you authorize us to carry out a specific medical intervention.

You can revoke this consent at any time and refuse medical intervention. Your refusal will not result in any adverse consequences regarding the quality of the rest of the care received. Before signing, please carefully read the information below.

Tell us if you have questions or need more information. We will be happy to help you

WHAT YOU SHOULD KNOW

WHAT IS AN INFORMED CONSENT AND WHAT IS IT FOR?

I declare that I have been fully informed of all the aspects concerning the medical intervention that I have decided to undergo; in such terms that I have been able to understand the following: my diagnosis or diagnostic hypothesis, the different treatment options for that diagnosis and technical variants, and the risks and expected benefits of all options, especially applied to my case.
I also understand that refusing medical treatment is also an option.

WHAT HAPPENS DURING A MEDICAL TREATMENT?

Anaesthesia is used during all medical procedures and can be applied as general, regional or local anaesthesia. The treating medical team and the anaesthesiologist will determine the type of anaesthesia to be used, considering general medical criteria and my personal condition. All choices imply advantages and benefits, as well as associated risks and complications.

For a small percentage of cases, the medical intervention may not produce the expected therapeutic benefits and: may need more invasive and classical procedures if an advanced technology technique fails or complications occur; may need reinterventions or complementary procedures if only partial effects are achieved. These limitations depend on unpredictable factors, and in such a case I will pay the hospital and medical expenses incurred in responding problems that arise during clinical treatment.

WHAT EFFECTS WILL IT PRODUCE?

The performance of any surgical or invasive medical intervention necessarily involves a recovery period, which varies according to the type of procedures carried out and the patient's individual characteristics.

HOW WILL IT BENEFIT YOU?

Improved disease outcomes and total or partial recovery.

WHAT ARE THE RISKS?

Medical interventions have risks. Most of the time these risks are reduced and there are no undesirable side effects. Yet sometimes risks may appear during clinical treatment. We think it is important that you consider these.

The risks or complications associated to a medical intervention or anaesthesia, can arise from cardiovascular disease, pulmonary or respiratory disease, infections, neurological impairment, haemorrhages, allergic reactions, thrombosis, and others. These conditions can, in a very small percentage of cases and despite all the measures and care adopted by the medical team, lead to death.

I have also been informed that all the proposed surgical or invasive treatment options have inherent risks which are unavoidable, despite the effort and care of the medical team, and that in some cases may limit the possibility of achieving the therapeutic benefits associated with treatment.

Examples of these cases are bruising and bleeding; superficial or deep or systemic infection; injury to neurovascular structures; loss of sensitivity in the operated area; development of hypertrophic keloid, or pigmented scars; skin necrosis; fibrosis; surface irregularities; neurological complications

or damage; lung or respiratory complications; organ injury; difficulty in closure and healing of external and internal surgical wounds, and others.

WHAT SPECIAL SITUATIONS MAY OCCUR?

There is always a very small probability that, given the evidence of preoperative situations or unexpected intraoperative findings, the surgeon must suspend the scheduled surgery or medical intervention, or vary the technique previously chosen, or request that I perform unscheduled or uninformed diagnostic and/or therapeutic procedures, such as: taking samples for biopsy, cultures, removal of nodular masses or tumours, removal of adherent tissue, transfusion of blood and blood products, and others that the surgeon may consider imperative as part of his/her duty of care and in benefit to my health.

II.- INFORMED CONSENT

If the patient has a DISABILITY, the legal representative must sign the informed consent.
If the patient is a MINOR, the parents must sign the informed consent. Nevertheless, the minor must be informed of their options according to their level of understanding.

For patients who are minors or that have a disability and cannot give consent

Legal representative: _____ NID: _____

_____ _____

Signature of Patient or Legal Representative | Physician's signature

==========

I reject or revoke the authorization to carry out this intervention. I freely and consciously assume the consequences of such a decision that may have an adverse impact on my health or my life.

In case of REFUSAL or REVOCATION

_____ _____

Signature of Patient or Legal Representative | Physician's signature